PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION *
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02000025733

Typed or printed name of signing Managing Member/Manager

Name and Mailing Address

FILED 03 DEC 18 PM 6: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. New Mailing Address				State/Country of Formation FL		
City, State, Zip			Date Organized or Qualified To Do Business in Florida 09/30/2002			
Principal Place of Business 1201 HAYES STREET TALLAHASSEE FL 32301		rincipal Place of Business Address		6. FEI Number 81-0574477		
	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
Name and Address of Current Registered Agent Name			Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525		70000 7200000	· · · · · · · · · · · · · · · · · · ·			
	•	City FL 3			Zip Code	
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11. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Street Address of Each Managing Member/Manager			<u> </u>			
Members/Managers		Managing Member/Mana				
Mr Henneth-Lander	nan 1214 Char Chann	inel Davi	c ucc	Monmouth Be	achy	
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REM	STATEMENT	2005	<u>· 01/06/0</u>	401047003 **	100.00	
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I certify that I am managing member/manager filing this reinstatement application the reason for all fees owed by the limited liability company has if made under oath. Signature of	r dissolution has been eliminated, the	limited liability comp d on this application	pany name satisficents is true and accur	es the requirements of section (508.406, F.S., and that re the same legal effect	

Kenneth